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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/689,508 10/21/2003 ABN  
 which claims benefit of 60/419,595 10/21/2002

JH 3/28/05

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

JH 3/28/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 08/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	ISRAEL	12	31	3
Examiner's Signature <i>Zeak Howard</i>	Initials <i>JH</i>			

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## TITLE

Diagnostic markers for therapeutic treatment

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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